

A MALE PSEUDO-HERMAPHRODITE.*

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MARY X., 2 years old, living in Boston, was admitted to the General Surgical Service of the Children's Hospital on March 24, 1905.

When 2 months old a lump had been noticed in the right inguinal region, which was tender to touch. A truss had been fitted to hold back the mass, but little benefit had come from its use. The child was in excellent general condition. The right inguinal canal was larger than the left. A hernial sac could be plainly felt. Occasionally a firm rounded mass appeared which was supposed to be an ovary.

At the operation for the cure of the hernia the mass was found which it was thought must be an ovary. It was so intimately connected with the hernial sac that it was excised and the wound closed exactly as in any operation for the radical cure of hernia. The convalescence was normal; the child was discharged well. The report of Dr. H. C. Low, given below, showed the mass removed to be a normal testicle.

Specimen consists of an oval piece of tissue resembling an ovary. It is covered with a glistening membrane; it measures 2.1 cm. x 1.1 cm. x 0.4 cm. Attached to one side of this in a rounded cord of tissue. Although resembling an ovary there is no sign of the Fallopian tube. Microscopical examination made from three different parts of the tissue shows that it is a testicle; the characteristic lobules and tubules of the organ are clearly seen; the epididymis is shown in two of the sections; the vas deferens and part of the corpus Highmori can be recognized in one part. The whole free surface is covered with a layer of flat epithelium.
Anatomical diagnosis: Normal testicle.

On August 16, 1906, she was readmitted. A similar hernia

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had appeared on the left side, containing a similar mass which was this time supposed unquestionably to be a testicle. Under either a most careful examination was made of the external genitals. The vagina was found to admit a probe easily for an inch. The vagina was, as is normal in a child not 4 years old, too small to admit the finger. Through the rectum it was impossible to feel any uterus or ovaries. Neither could any be felt by the finger introduced into the abdomen at the time of the second operation to be described.

The question presented was interesting. The hernia required operation. The testicle had to be dealt with in some manner.

Here was a child named and brought up as a girl for 4 years. The external genitals offered not the slightest variation from those of an absolutely normal girl. The vagina was 1 inch deep. There was no uterus. One testicle had been removed. The other testicle must be removed or left. It seemed wiser to remove the remaining testicle and allow the child to grow up as a girl without male characteristics than to attempt to undertake to convert her into a boy with one testicle and female genitals or leave her a girl with the probability that at puberty male characteristics would develop. The left testicle was therefore also excised and the hernia cured. The photographs, taken by Dr. A. W. George, show the facial appearance and the external genitals. (Figs. 1 and 2.) The report of Dr. Low follows:

August 22, 1906.—Specimen consists of piece of tissue, measuring 1.9 m. x 0.9 cm. x 0.5 cm., covered with a smooth, shiny membrane; and from one side extends a short cord of tissue, 3 mm. in diameter and 1.5 cm. long.

Microscopical examination shows the typical tissue of the normal testicle; the lobules, the epididymis, and the vas deferens are easily recognized. The wall of the vas deferens is somewhat thickened and there is some exudation of round cells in it. *Anatomical diagnosis:* Testicle with slight chronic inflammatory process.

FIG. 1.



Photograph showing features of Mary X.

FIG. 2.



Photograph showing the external genitals. Note the entire absence of the male sex characteristics.